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## BIB DATA SHEET

CONFIRMATION NO. 1176

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                      | ATTORNEY DOCKET<br>NO.  |  |
|--|---|--|-------------------------------------|---|--|
| 10/577,119   | 04/13/2007  | 435  | 1645                                | 05794.00004   |  |
| <b>RULE</b>  |   |  |                                     |   |  |
| <b>APPLICANTS</b><br>Gary Kevin Robinson, Canterbury, UNITED KINGDOM;<br>Sue Cook, Chislet, UNITED KINGDOM;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/GB04/04739 11/10/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0326194.8 11/10/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>08/03/2007 |   |  |                                     |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /GINNY ALLEN<br>Acknowledged PORTNER/<br>Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br><br>UNITED<br>KINGDOM | <b>SHEETS<br/>DRAWINGS</b><br><br>3 | <b>TOTAL<br/>CLAIMS</b><br><br>20   | <b>INDEPENDENT<br/>CLAIMS</b><br><br>2 |
| <b>ADDRESS</b><br><br>FOX ROTHSCHILD LLP<br>PRINCETON PIKE CORPORATE CENTER<br>997 LENOX DRIVE<br>BLDG. #3<br>LAWRENCEVILLE, NJ 08648<br>UNITED STATES   |   |  |                                     |   |  |
| <b>TITLE</b><br><br>Proteins Involved in Signal Transduction   |   |  |                                     |   |  |
| <b>FILING FEE<br/>RECEIVED</b><br><br>630  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                     | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |